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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 217004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH IS REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINTI ESTI-Edward Bell James DEATH MATED 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS I. RECORDS, 201 W. PRESTON STREET, 4. RACE IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 2810 85 115P 17 1927 58 Male White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Garrett County WIDOWED DIVORCED Maryland ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Cuppett-Weeks Nursing Home 0akland none USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21550 Oakland Garrett YES TO NO [] Oakland Md -Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bell May Clark David Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 214-03-1500 Mr. Joseph Hewell Westernport Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Gereberal vascular accident Hours DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized Years Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIA HEALTH AND A AL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 INTER: INTERIOR THE WORD FERNANCE FORWARDED TO THE CHIEF MEDICAL FACE 3 SHOULD BE USED AS A HESTATE DEPARTMENT OF HEALTH AND 21201 PRIOR TO BURIAL, CREMAND Epilepsy; Mental Retardation 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 31 AFIER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry 1 ond in my opinion Natural causes death resulted fram-Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 7-28-85 SIGNATURE M.D. DEPHTY MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE Laurel Hill Cemetery Barton Burial Allegany Md. 07/B4 24 FUNERAL DIRECTO 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE **DHMH - 17** 21562 Boals Funeral Service Westernport. Md. (VR A15 ME (5))

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STATE OF MARYLAND

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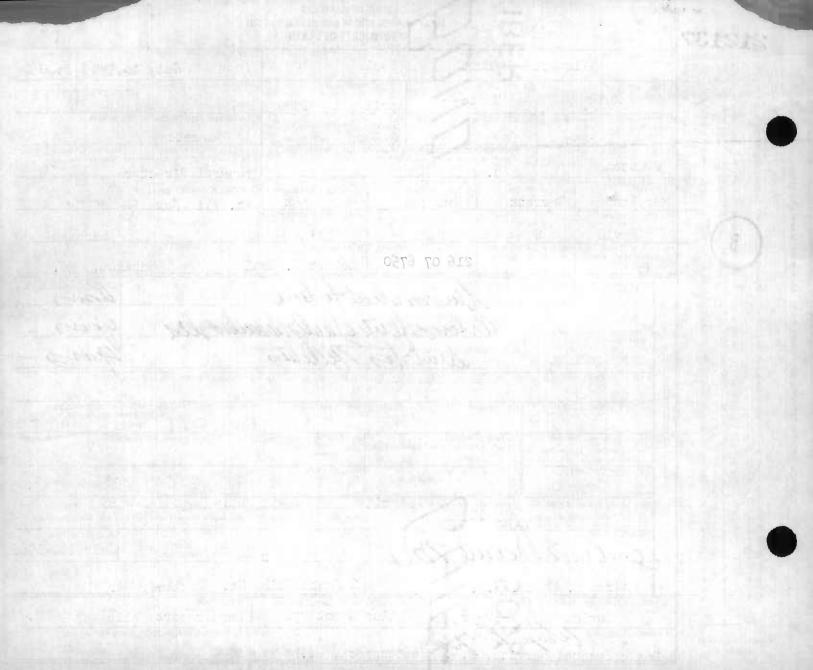
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24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

Service.

Westernport, Md.



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The law requires that the death certificate be executed within a fill and electric Appe 4 may be		bos been signed by the attending physician and comments. The target is the funeral director, page 3	pulla or than within 72 hours after death
the death certificate be executed with	/	the ottending physician and comment	remove carbon papers. Pages 1 and 2 to
The low requires that	ion.	has been signed by	it permit. Then please

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10 CIT	Y OR TOWN OF DEATH		SPITAL, NURSING I		OTHER INSTITUTION		OCCUPATION MOST OF			F BUSINESS OR
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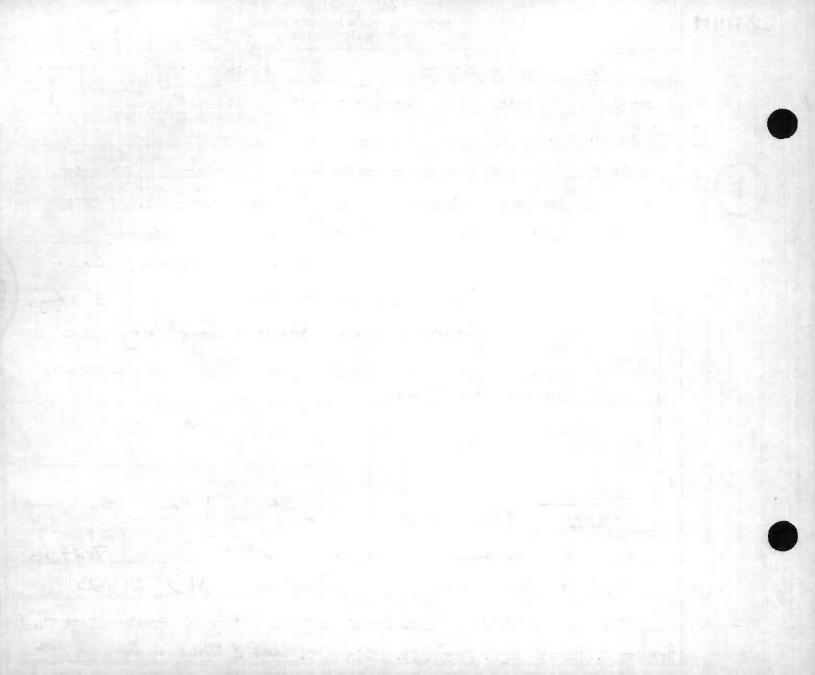
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AUG 07 185 July Davidson-Rondon Mt. Israel Cemetery Kingwood,

Bradley A. Stewart 32 S. Second St. Oakland, MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 204119 REGISTRAR DECEASED NAME 20 DATE KNOWN PA 13 (TYPE OR PRINT) ESTI-Broadwater DEATH MATED Brenda Sue AGE (IN YEARS | IF UNDER 1 YR 4 RACE 2d. HOUR IF UNDER 24 HRS 2c. DATE PRONOUNCED Pemale White Nov. 29. 1951 TO CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett USA Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS rantsville Food Stamp Clerk Gov't | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | YES | No | | 12821 | Meadowview | 13c CITY OR TOWN Allegany 21502 Marvland Cresaptown 15 MOTHER'S MAIDEN NAME MIDDLE Eston Deloss Howell Broadwater Ethel 214-62-2654 Carroll Broadwater - Barton, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) RAUMA, FACE, NECK IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ACCID ENT gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AMMONTH DAY UNDERLYING OR Operator of auto-hit by another auto. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 214 INJURY OCCURRED dural Rt. 2, Grantsville, WHILE AT WORK Highway Inspection X 22a I certify that I took charge of the remains described above, held on and in my opinion death resulted from Natural couses Suicide Hamicide Undetermined manner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BACTIMORE, MARY TITLE (SPECIFY) DATE 7-13-85 ACTUAL DEPUTY MEDICAL EXAMINER Feaster, Jr., M. D. 107 S. 2nd.St., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Rest Lawn Mem Gard LaVale, Allegany, N
256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Allegany, MD BP 24 FUNERAL DIRECTOR **DHMH - 17** ma weighon fandalle John J. Hafer. Jr. LaVale. MD (VR A15 ME (5)) 20M 4/B2

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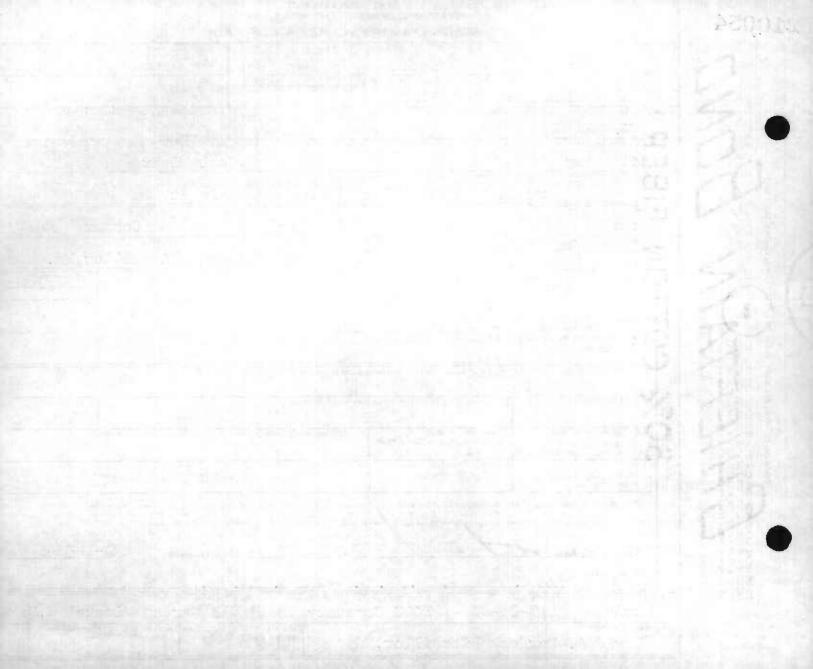
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524544 <u></u>	23a.Bi	JRIAL, CREMATION, P	REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY C	R CREMATORY	123d LOCATION			
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DHMH - 17	24 FL	NERAL DIRECTOR	۸ ۲2۰۰	rdo al ADDRESS	itzmille:	r Md	25a. DATE	REC'D. BY REGISTR	AR 1256, REGIST	RAR'S SIGNATUR	No.
(VR A15 ME (5))		David	a. Du	LUUCK K.	LLZIIILLLE.	LaFIU	FAITUL		//		



ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 213108 DECEASED NAME 20. DATE (TYPE OR PRINT) OF ESTI-FIGURE DIRECTOR FOR YOUR FILES.

WITHIN 72 HOURS Edith Bessie Cooper DEATH MATED SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 1913 :30 N F White ,85 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Md. U.S.A. Garrett DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 4. Box 358-A OR INDUSTRY Rural Rt. Housewife Deer Park USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13e. STREET ADDRESS 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HANTS? YES [Box 49 Md Garrett Swanton 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST MIDDLE David Tda Kerns T INFORMANT 16h SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-38-1893 D.A. Burdock Kitzmiller, Md. No APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITHE STATT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Years IMMEDIATE CAUSE (o) Coronary artery disease

(DUE TO, OR AS A CONSEQUENCE OF 11 Canditions, if any, which Arteriosclerosis, generalized gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION EXECUTETHE CERTIFICATE, WRITING PAGE & SHOULD BE FORWARDER TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK topsy x Inquiry X 22a I certify that I took harge of the remains described above, held an Inspection and in my opinion death resulted from Natural causes X Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 24-1985 SIGNATURE MARPITTY MEDICAL EXAMINER ADDRESS 07 S. 2nd. St., Oakland, Maryland EXAMINER'S NAME James H. Feaster, Jr., M. D. 230 BURIAL CREMATION REMOVAL 236 DATE 238. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial I.O.O.F. Elk Garden Mineral WV 07/84 BP 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Kitzmiller, Md. 21538 David A. Burdock This Davidson-Randelle (VR A15 ME (5))

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EPARTMENT	OF HE	ALTH	AND MENTAL	HYGIENE

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MEDICAL CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED)	20a AUTOPSY?	20b. IF YES, V	WERE FIND	INGS USE	D
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	224 PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRESS	1					
.0	Dr.	. C. Wi	lliam F	edde,	MD	311 Nor	th Fo	urth St.,	Oaklan	d, Md	. 2	1550
	BURIAL, CREMATIO	N, REMOVAL	23b DATE		231 NAME OF	EMETERY OR CREMA	ATORY	23d LOCATION		C CHARLES		STATE
(bi	urial	7/19/	85	Thomas	Cemetery		Markleysb	urg, F	ayett	e, Pi	A.
	JNERAL DIRECTOR				4			EC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNA	TURE	
В	radley A.	Stewa	rt Oak	land,	Maryland	21550	1111 0	2 1985	dia Davi	don-R	endell	· H

DHMH - 16 60M 7/84 (VRA 15, 4)

Bradley A. Stewart Oakland, Maryland

STATE OF MARYLAND 202146 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG/NO I. DECEASED NAME 20 DATE KNOWN TX (TYPE OR PRINT) ESTI-Michael DAVIS DEATH MATED Corv 1985 6. AGE (IN YEARS) IF UNDER TYR. IF UNDER 24 HRS. 4 RACE DATE OF BIRTH 2c DATE LAST BIRTHDAY) PRONOUNCED Male White March 16, 1965 20 1985 915AM Th CITIZEN OF WHAT COUNTRY A BIRTHPLACE INTALE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X LOREIGN COUNTRY West Virginia USA WIDOWED DIVORCED Garrett CITY OR TOWN OF DEATH 170, USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Oakland Deep Creek Lake Student Star Rt. School 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Preston Rt. 1 26764 W. Va. Terra Alta NO X Box 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Edsel Davis King Norman Edna MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 236-17-3049 Norman E. Davis - same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE IRIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PROR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 750 P.M. 7 4 19 85 Fell from power boat and drowned. 21e PLACE OF INJURY (AT HOME, 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTION: PAGE 33 AFTER DEATH, WITH THE STATE DEF BALZIMORE, MARYLAND, 21201 PR AT WORK NOT WHILE CITY OR TOWN STATE Rural Rt.1 Oakland Garrett Md. Deep Creek Lake Inspection X Autopsy X 220. I certify that I taak charge of the remains described about held an and in my apinian Suicide Hamicide L Undetermined manner death resultations TITLE (SPECIFY) DATE 7-5-1985 M. PEDLITY MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Maryland EXAMINER'S NAME ames H. Feaster, Jr., M. D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7/7/85 Jack Point Cemetery Braxton W. Va. 24 FUNERAL DIREC 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE Durst Funeral Home Oakland, Md. 21550 (VR A15 ME (51)

20M 4/82

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

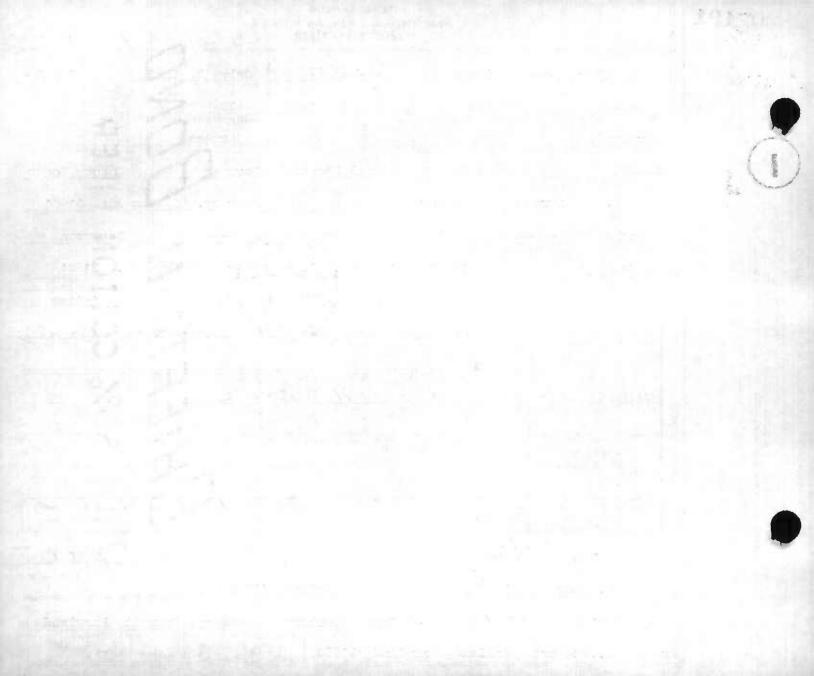
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTIF	FICATE OF DEATH	8 =RG. N	10. 2	0 1	9 1
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	Maryland		US	A	WIDOWE		Garrett			MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
(Dakland					rial Hospital	Foreman	OF WORKING EIP		ty Roads
	AL RESIDENCE (# NURS	ING HOME OF		GIVE RESIDENCE BEFO		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	Md.	Garı		McHeni		YES NO X	Star Rt.			21541
14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		145	
	Matthew		MIDDLE	DeWitt	t	Frances	WIDDLE		Ferqu	
	WAS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDF	RESS		
	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-01-	-9731	Mrs. Cleta	Tasker, McH	enry.	Md. 2	1541
	18 CAUSE OF DEAT	H (Enter or	ly ane cause per	line far (a), (b), (and (c.)					ONSET AND DEATH
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1	gave rise to imm	nediate	10)	AS A CONCED	UENICE OF	1000				
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O	Athoro	Scl	erars	1 () asc	ulas dis	ease_			
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F							YES NOW	YE:	YING CAUSES	NO
CER	21a. ACCIDENT WAS UND		110110 4		DAY WEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART I OR PART 2)	
AL	OR CONTRIBUTING (110	M. MONTH	DAY YEAR					
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Σ	WHILE NOT WH	ILE C	(AT HOME STE	EET, FACTORY, OFFICE	E FARM ETC)	SIMEEL	CITORI	DWIN	COUNTY	SIATE
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	saw the decease above, (I) (ye) (c	ed alive on	Jun_	19.	85,0	nd that in (my) (our) opinion	n death accurred an the	date and have	r ond fram the	causes stoted
	226. SIGNATURE	alay (pra no	III view The budy	affer death.		DEGREE			22c. DATE	SIGNED
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	MO PHYSICIAN'S NA	ME (TYPE C	OR PRINT	X	-	22e ADDRESS			1	/ 8 - 0 (
	Dr. G	eorge	Stoltz	fus		Friends	ville, Md.			
	BURIAL, CREMATION,				. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	······		
	(SPECHY) buria	1	7/20/	85	Dak Gro	ove Cemetery	McHenry,	Garre	ett, Maj	rvland
24 F	UNERAL DIRECTOR					25a. DA	ATE REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	TURE
Bı	radley A. S	tewar	rt Oak	land, Ma	aryland	21550	22 1985	Julia Do	widson A	andell

DHMH - 16 60M 7/B4 (VRA 15, 4)

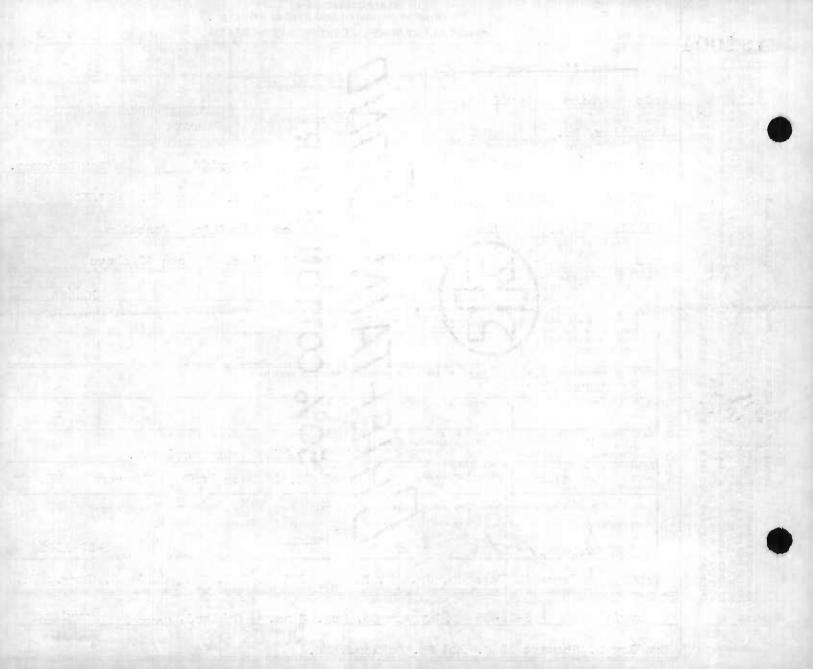
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		11-	STATE REGISTRAR				AL EXAMI					H.	REGIN	. 0	1 9	2
	1	P. DE	CEASED NAME	FIRST		MID			LAST			DATE KN	0.000		DAY YEAR	-12b. HOUR
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13	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	23a. Bl		ION, REMOVAL			23c. NAME OF C				23d. LOCA	ATION		COUNT	rv s	1416
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How thereto any more, Jr. 1952, de de la crosta pressuo Arrangements, cameracted

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH: REGISTRAR 1 DECEASED NAME 20 DATE KNOWN X M HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. EDA WITHIN 72 HOURS W PRESTON STREET, DEATH MATED Franklin :05M George FINCH 23 1985 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White April 21, 45 DEAD 40 1985 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED X NEVER MARRIED Garrett Kitzmiller, Md. USA WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Deer Park Rural RT. 3 Sheriff Law Enforce. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 113c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Garrett Oakland NO X Rt. 1 Box 338A 21550 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Finch Katheen Virginia Costello 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES 64 - 70217-42-7182 Rosalie Finch see 13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Fractured skull, sella sudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Automobile accident Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Fractured Sternum 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2) CHOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH KM 6 23 1985 Single vehicle auto accident. 21e PLACE OF INJURY Rural Rt. 3 Deer Park WHILE AT WORK AT WORK Garrett . Md. PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR TO AFTER DEATH, WITH THE SHALLIMORE, MARYLAID Autopsy X Inspection X 220 I certify that Jook charge of the remains described above, held an Suicide Hamicide . death resulted from: Natural causes Accident Undetermined manner DATE6-23-1985 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Garr., Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6-26-85 Garrett Co. Mem. Gdns. Oakland, Garrett Maryland 07/84 250 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATUR 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Bradley A. Stewart 32 S. 2nd St. Oakland, Md.



STATE OF MARYLAND 207158 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) 85 458A Nellie DEATH MATED 19 4 RACE IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 85 458A Female White 19 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POREIGN COUNTRY WIDOWED 1 DIVORCED Garrett 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH OR INDUSTRY TOUSEREEPER Oakland Garrett Co. Mem. Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS 13e STREET ADDRESS reston erra Alta FATHER'S NAME 235-96-2694 Lakin Ave. WV 26764 No 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Arteriosclerosis and thrombosis anterior gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF descending coronary artery, recent OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION ICATE, WRITING THE WORD "PEI F CORWARDED TO THE CHIEF M TADE: PACE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRÍOR TO BURIAL, 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGINER DEATH, WITH THE STATE BATTMORE, MARYLAND, 2120 Waak charge of the remains described above, held of death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 7-15-1985 examiner's Name James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Md. Jerra Alta Cemetery Terra Alta Preston WV 1250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Berra Alta. WV 26764 (VR A15 ME (5))

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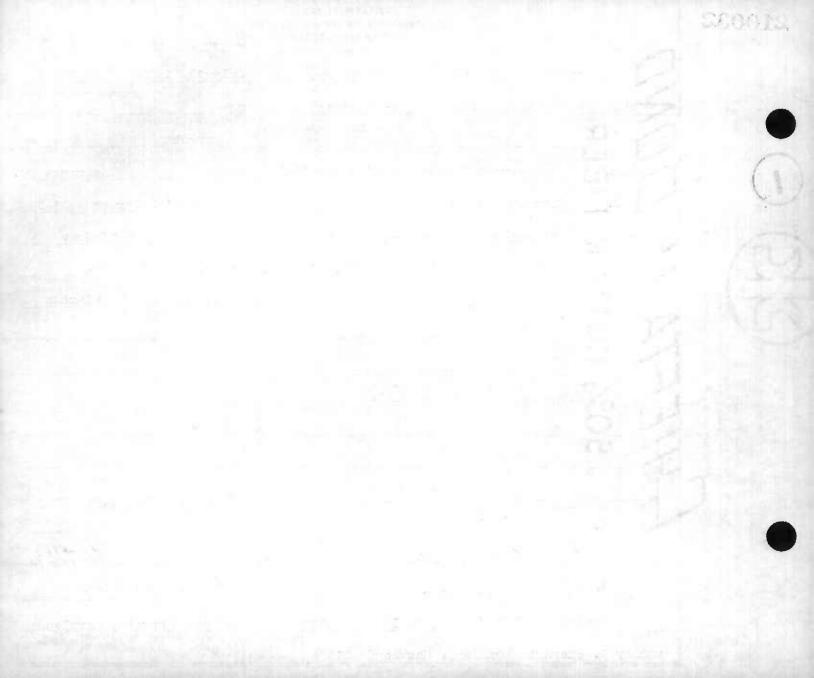
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2		REGISTRAR				CERTII	ICATE OF D	EATH	8	REG. NO.	2	1	7 -
O.		CEASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR
	LIVE	OR PRINT)	Silbert	. I	Harold	GAN	IK		Jul	y 27,	1985		See !
	3 SE	(4. F	RACE	DETERMINE	S. DATE		35.79		EARS LAST BIRTH	DAY) IF	UNDER I YEAR	
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36		RTHPLACE (STATE OR FO	DREIGN 76	CITIZENOF	WHAT COUNTRY	? 8 MARRIE	D NEVER M	ARRIED -	9 BALTIMO	RE CITY OR	COUNTY	F DEATH	
Suit .		utton, Md.		USA		WIDOW		ORCED		arrett			
66	10 CI	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)			(TYPE OF WOR	OCCUPATION FOR MOST OF		INDUSTRY	_
1		Oakland			Co. Me		Hospit	al	Mine	r		Coa	aT
16	13a. S	AL RESIDENCE (IF NURSING TATE ryland	136 COUNTY Garret		13c. CITY OR TO	WN	134 INSIDE CIT		13e STREET	Rt. 2		1	2155
4		THER'S NAME	Garret	- L	Oak La.	iid .	YES	MAIDEN NA		AL. Z	DOX 4	4	2133
11	13.17	George	R. Gan		LAST		1	IRST		MIDDLE		U	AST
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		couse (a), stating underlying couse	g the	DUE TO, OI	R AS A CONSEQ	UENCE OF		en	13 12	Loc			
				(c)						-			
	z	PART 2 OTHER SIGN	IFICANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BU	NOT RELATED	TO THE TERM	INAL DISEAS	E OR COND	ITION GIVE	U IN PART 1	10
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50	CERTIFICATION	19a. DATE OF OPERAT	ION	140 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFOR	KWED			IN CERTIFY	NG CAUSE	S OF DEATH
1	E L	21g, ACCIDENT WAS UND	EDIVING D	21b. TIME O	E IN HIDV		21c HOW INJ	ILIDY OCCUP	YES _	ио 🗌	YES		NO [
6		OR CONTRIBUTING C			M. MONTH	DAY YEAR	ZIE HOW IN	JUNT OCCUR	CED (ENTER NA	ITURE OF INJURY	IN ITEM IS PAR	T I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDIC		P.,		19	21f LOCATIO	NI					
	MED	21d INJURY OCCURR		(AT HOME STR	OF INJURY REET FACTORY, OFFICE	FARM, ETC)	STREET	N .		CITY OR TOW	7	COUNTY	STA
		AT WORK AT WOR	K _							0		1-11	- 6
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		sow the decease	d olive on	iew the body	ofter death	, 0	nd that is my	our opinion	aeoth occurre	a on the dot	e ona hour		
		226 SIGNATURE	Drue	em	alle	_5	DEGREE	TTENDING Z	MEDICAL	STAFF	AN 🗌	22c. DAT	E SIGNED
A LANGE AND A LANG		226 PHYSICIAN'S NA	ME (TYPE OR PR	INT)	MA II.		22e ADDRESS	5					
/		DAUL	Dani	ell	1111/								
1	23a E	BURIAL, CREMATION,	REMOVAL	236 DATE	230	NAME OF	CEMETERY OR C	REMATORY	23d LOC/	ATION			
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		Burial		1-30-	-85 G	arrett	. Co. Me	m. Gds	. Oa.	Kland	Ga	rrett	Mary

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Bradley A. Stewart 32 S. 2nd St. Oakland

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

40000	1					SIAI	E OF MARYLAND					
10032		FOR			DEP	ARTMENT OF	EALTH AND MENTAL H	YGIENE				
	1	STATE REGISTRAR					ICATE OF DEATH	8 SREG.	vo. 2 0		9 6	
		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR	
moy be poge 3	TYPI	OR PRINT) Be:	rnard	IG	NATIUS	GON	DER, Jr.	July 13	, 1985		705 A	
m . po	3. SE	X	4	I. RACE			OF BIRTH	6. AGE (IN YEARS LAST 8		UNDER I YEAR	IF UNDER 24 HRS	
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2 82 6	7a B	RTHPLACE (STATE OR I	OREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8		9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF DEATH			
1 15	I	daho		USA		WIDOW			Garrett			
11 26	10. C	TY OR TOWN OF DEA	(TH)	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Garrett County Memor:			OR OTHER INSTITUTION	12a USUAL OCCUPA		126. KIND O	F BUSINESS OF	
1 11/2	100	Oakland					ial Hospital		OF WORKING LIFE)	_	rance C	
1 1 4	USU	AL RESIDENCE (IF NURS		THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					zanoc o	
1 11/10	130	Md.	Garr		Oakl		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 820 East		woot.	21550	
1 35	14 F/	THER'S NAME	Gull	CLL	1 Oaki	Laria	15 MOTHER'S MAIDEN N		HIGH SE	.reet	21330	
3 48/1//		FIRST		IDDLE	LAST		FIRST	WIDDLE		LAS		
5-//-	145 3	Bernard VAS DECEASED EVER		atius		SECURITY NO.	Hettie 17 INFORMANT	ADDI	DECE	Lind	say	
90 pg		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)								
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t the	1	18 CAUSE OF DEAT			r line for to 1, (b	11	1	, ,	,	BETWEEN	MATE INTERVAL ONSET AND DEATH	
4 4011		PART I. DEATH W	IMMEDIATE		Prob	ble (ere pro vasc	upr Acci	dent	Mi	nutes	
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de d	Z	PART 2. OTHER SIGN	IFICANT CO	PIT	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	ADITION GIVEN	IN PART 116	,	
y or the	CERTIFICATION	19g DATE OF OPERA	Ner	of 11	nknow		SIN	Too waters	Ton is use in	ERE EL IRI		
low r	2	ING DATE OF OPERA	ION	196 COND	IIION FOR WI	HICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	G CAUSES	OF DEATH?	
The Cron	=							YES NO	YES		NO 🗆	
hysicion fronsit p Hygien 18 shov		210. ACCIDENT WAS UND	-	HOUR A		DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)		
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DIN OF PART OF		22a.l certify that (1)		1) ottended th	ne deceased fr	om 7/	5 10 8	5 10 7/13	3 10	85	that th turning	
of He		sow the deceose	d alive on	7/12	2		d that in (my) (our) opinio	on death occurred on the	date and hour ar	nd from the	couses stated	
REC REC ed f		obove, (I) (see) (c 22b. SIGNATURE	id) (didinot)	view the body	ofter deoth.		DEGREE					
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DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR						ATE REC'D. BY REGISTRA	R 256 REGISTRAF	R'S SIGNA		
(VRA 15, 4)	Bı	adley A. S	Stewar	t Oal	kland,	Marylan	d 21550	UL 22 1985	givia va	Maran-A		



STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYGI	ENE SREG. NO	2 0		97
		CEASED NAME FIRST E OR PRINT) Galen	Bernard		VEY	2ª DATE OF DEATH	MONTH DAY	YEAR 85	26 HOUR 4 10 A M
	3. SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		NDER I YEAR	
		Male	White	Jul	y 26, 1921	63	YRS.	IHS DAYS	HOURS MIN.
20		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY O		DEATH	-
6		Maryland	USA	MARRIE	D NEVER MARRIED U	Garrett			MD.
7	Acres 100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
5		Oakland	Garrett Cou		ial Hospital	Custodian		industry County	y Gov't
21		AL RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7ID CODE		
9				er Park	YES NO K	Rt. #4, Bo			21550
	14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE			
0		Robert E	dward Ha	arvey	Ne l lie	Blanche	. 1	Harve	
1		WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17. INFORMANT	ADDRE		larve	<u>Y</u>
	{,	YES NO OR UNKNOWN) {IF YES, GI	(VE WAR OR DATES)	-12-5602	Mrs. Laura B.	Harvey, Se	ee #13 a	above	
		18 CAUSE OF DEATH (Enter o	nly one cause per line to	b), (b), and g		,,			MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (a)	pout 10	Coma				nutes
		IMMEDIA	DUE TO, OR AS A.C.	CONCECULENCE OF					
		Conditions, if any, which	DUE TO, OR AS AL	IVI NO 5/5	of LIVE			Mo	nths
		gave rise to immediate cause (a), stating the	10)	distraction and					
		underlying couse lost	DUE TO, OR AS A C	HEDENTE OF	5			Mo:	nths
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	HING O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
	CERTIFICATION	Ke	shal to	ellura					
9	CAT	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
des	TIE					YES NO	YES [NO [
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY	Y ONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	in a superior				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
		220.1 certify that (I) (the school	mal) attended the decea	sed from	, 19_ 84	_, to7/7/	. 19_	85	that (l) (wxxast
		saw the deceased alive at above, (I) by a wideli (did no	7/7	10 85	nd that in (my) 🕵 opinion d	leath accurred on the do	ite and hour an		
		22b. SIGNATURE	at view the body after de-		DEGREE			22c DATE	SIGNED
		Dr. Robe	rt Goralski	MD	ATTENDING PHYSICIAN IN	MEDICAL STAF		7/8	1/85
1		174 PHYSICIAN'S NAME TO	dinney //	7	22e ADDRESS	DIRECTOR TITISIC	NACT C	110	(-3
		1	4/6		311 N. Fourt	h St., Oak	Land, Mo	d. 2	1550
-		BURIAL CREMATION REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	178	burial	7/9/85	Deer Pa	rk Cemetery	Deer Parl		ett. I	Maryland
	24. FL	UNERAL DIRECTOR				REC'D. BY REGISTRAR			

BP.

should be detached far us with the State Dept. of He

DHMH - 16 60M 7/B4

(VRA 15, 4) Bradley A. Stewart

Oakland, Maryland

21550

25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

138	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE S REG.	vo. 2	0 !	98
		CEASED NAME	FIRST		MIDDLE	l.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Otis	7.9		Elrick	На	rvey	July	7	1985	11:35%
	3 SEX	Male		4 RACE Whit	e	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST)	RTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
36	7a Bl	RTHPLACE (STATE OR	FOREIGN	TE CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	or count		MD.
5	10 CI	ty or town of DE. akland	ATH		CH FACILITY, GIVE STREET		Hospital	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS) Farmer		LIFE) INDUSTRY	of BUSINESS OR
186		AL RESIDENCE (IF NUR TATE Md.	1136 COUN		130 CITY OR TOW Kitzmi	N .	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
10		THER'S NAME FIRST Lewis	А	MIDDLE	Harvey		Mary	Elizabe	th	Spik	er
/ medcol		VAS DECEASED EVER VES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!		5032	Mary Har	vey Xitz	mille		21538
, or other traumatic event, the		Conditions, if ony gove rise to im cause to is stati underlying cause	VAS CAUSE IMMEDIAT , which mediate ng the e lost.	DBY. E CAUSE (o)_ DUE TO, ((b)_ DUE TO, ((c)_	OR AS A CONSEQUI	ence of ence of	nuon		V	yes	SOMETE INTERVAL BOOKET AND DEATH
ans ony injury	ERTIFICATION	19g. DATE OF OPERA	d	hend	il sai	lun	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES	INGS USED
or Nem 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE	HOUR A	OF INJURY A.M. MONTH D. P.M. E OF INJURY	19	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF IN		B PART OR PART 2}	STATE
morked o	ME	WHILE NOTWATWO	ORK D	(AT HOME, S	STREET, FACTORY, OFFICE, F	ARM, ETC)	51REET 19 85	CITY OR	1/1	COUNTY	., that (I) (we

sow the deceased alive on_____ above, (I) (we) (did) (did not) view 22b. SIGNA DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN MATTENDING PHYSICIAN 22e ADDRESS Burial

Burial 23d LOCATION 236 DATE 231 NAME OF CEMETERY OR CREMATORY

BP

DHMH - 16 60M 7/B4

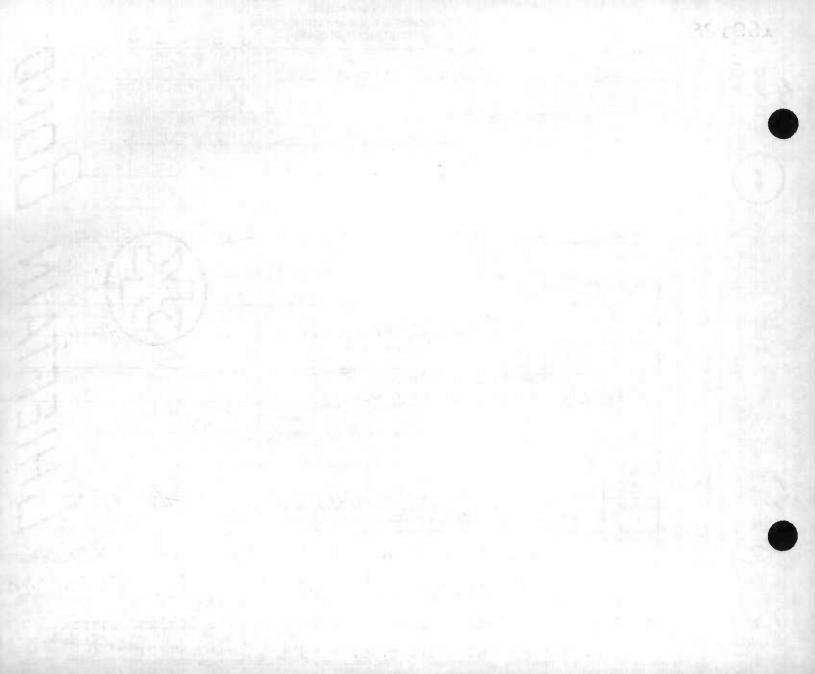
MPORTANT: If hem 21 is

24 FUNERAL DIRECTOR Kitzmiller, Md. A. Burdock (VRA 15, 4)

Mem

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED



STATE OF MARYLAND

HYGIENE

EPARIA	MENI	10	HEA	LIH	AND	MENTAL	Н
	CEI	RTI	FIC.	ATE	OF	DEATH	

SREG. NO.	2	0	1	9	9
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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be		UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter tilled in the tilled of the tilled in the tilled of the certificate has been signed by the attending physician and campleter tilled in the tilled of the certificate has been signed by the attending physician and campleter tilled in the tilled of the certificate has been signed by the attending physician and campleter tilled in the certificate has been signed by the attending physician and campleter tilled in the tilled of the certificate has been signed by the attending physician and campleter tilled in the tilled of the certificate has been signed by the attending physician and campleter tilled in the tilled of the certificate has been signed by the certificate has been signed by the certificate has been signed by the certification of the certificate has been signed by the certifica	d be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 marting in the marker death	
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S	ed by the haspital or attending physician.	Z	Š	he State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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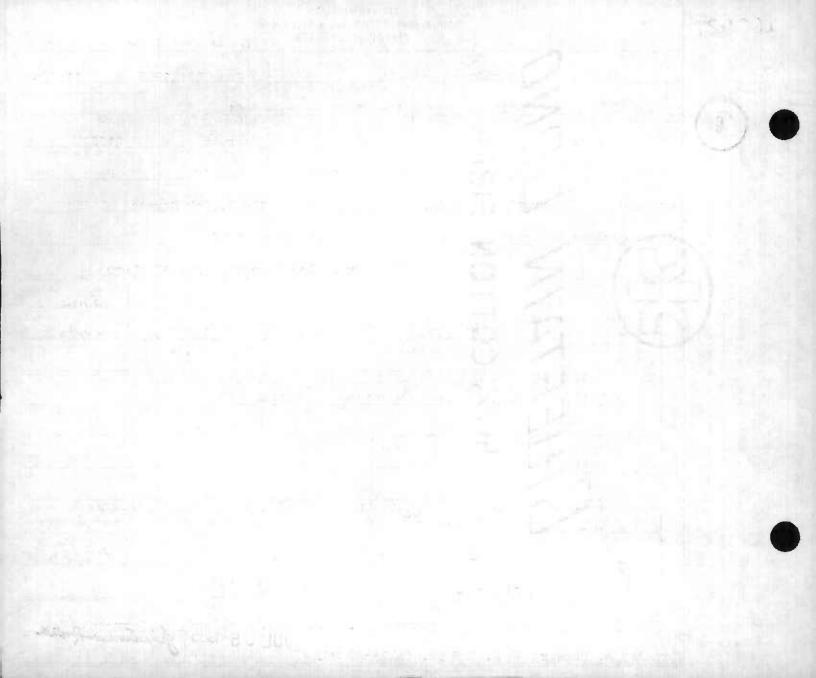
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP
DHMH - 16 60M 7/B4
(VRA 15, 4)

24 FUNERAL DIRECTOR

Bradley A. Stewaert 32 S. 2nd St. Oakland, Md.

		REGISTRAR			CERTII	ICATE OF DEATH	8	SREG. NO	2	0		9	9
		CEASED NAME	FIRST	MIDDLE		LAST	20 DATE		MONTH	DAY	YEAR	2b HO	UR
	(IIII	Alberta	Char]	otte	LEWIS		J	une 29.	198	5		111.	45p^
	3. SE		4 RACE		5. DATE			IN YEARS LAST BIRTH		_	ER ! YEAR	IF UNDE	ER 24 HRS.
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F	70 BI	RTHPLACE ISTATE OR FOR		-	TRY? 8			MORE CITY OF		Y OF D	EATH		_
-		akley. W.Va.	USA		WIDOW	D NEVER MARRIED !	Gar	rett		-	2155	0	ME
7		TY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, NI	URSING HOME	OR OTHER INSTITUTION	12e USU	AL OCCUPATION		126	. KIND C	OF BUSIN	
1		kland				Hospital	Hou	sewife			Home	e	
C	USU:	AL RESIDENCE (# NURSING	SHOME OF OTHER INSTITUTION	134 CITY OR		13d. INSIDE CITY LIMITS?	13e STREE	ET ADDRESS /	ZIP COL)F			
)	Mar	ryland	Garrett	Oakl	and	YES X NO		E. Oak			21	550	
1	14. FA	ATHER'S NAME	WIDDLE	LAS	Y	15 MOTHER'S MAIDEN NA		WIDDLE					
1	Ja	mes Jackson		LAS		Hannah Ja	ne A	dkins			LAS	11	
5	160. V	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRES	SS				
	NO		(IF YES, GIVE WAR OR DATES)	236-2	4-8488	Mrs. Alpha	Meado	WS SEE	13	ahor	70		
		18 CAUSE OF DEATH	Enter only one cause per			1	reado	500				IMATE INT	ERVAL ID DE ATH
		PART I. DEATH WAS	S CAUSED BY:	7	anition							ma	DUCAIN
		IN IN										7774	
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	-	gave rise to immed cause (a), stating	diote	010103	12/10	- quernous c	b	CANCE	_ 0/		M PK	114	16.
			last DUE TO, O	R AS A CONS	SEQUENCE OF		114	e CEPYI	X.				
		PART 2 OTHER SIGNIE	ICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER/	AINAL DISE	ASE OR COND	VITIONIC	IVENLIN	DART 1		
	Z	Chron	- 611	1	01	7:	250	ASE ON COND	1110110	IACIA IIA	I AKI II	u	
7	CERTIFICATION	19a DATE OF OPERATIO	- 1931	ITION FOR W		IN WAS PERFORMED	100	UTOPSY?	20b. IF YI	ES, WER	E FINDI	NGS US	ED
i	F	AUGUST AND THE	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY				YES	NO (SO)		IFYING	CAUSES	OF DEA	
2	8	210. ACCIDENT WAS UNDER	LYING 7 21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR					R PART 2)	140	
		OR CONTRIBUTING CAL	JE OF DEATH	M. MONTH									
	MEDICAL	21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION							_
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	-	220 L certify that /1\(\text{(4)}\)	ais hospital) attended At	e deceased to	-am (a)	18 10 85	4-	6/29		10	85	41-1-11	f -11
		saw the deceased	alive an 6/2	9	C71/	nd that in (my) (aux) opinion	death occu	rred on the day	te and ba	ur and f			totad
		above, (1) (we) (did	(did nat) view the Bady	åfter death.		DEGREE			0.00		2c. DATE		
		1/	11/11	/		ATTENDING	MEDICA				2/	10	
-		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	_		PHYSICIAN Y	DIRECTO	OR PHYSICI	ANL		1/1	1/8	5
		1/ 1	-01	-1		2 11		117					
-	-	LAarl		3/m		1 Oakla		VII)					
		SURIAL, CREMATION, RE				EMETERY OR CREMATORY	(CATION CITY OR TOWN		COUN	ATY		STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIREC Durst Funeral

230 BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY)

Oakland, Maryland

23c. NAME OF CEMETERY OR CREMATORY

250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

CITY OR TOWN

23d LOCATION

COUNTY

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			CEASED NAME OF PRINT)	AE FIRST		MIDDLE			LAST			20 DATE KN	NOWN X	MONTH E	DAY YEAR	2b HOUR
	ASREE JO			Betty		J.			ctin			DEATH N	NATED [7-23		
10	PRECEDENCY	3. SEX	emale	4 RACE White	5. DATE OF BIRTH MONTH DAY 2/13/193	YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONTH		HOURS		PRONOUNCE DEAD	ED	7-23	DAY YEAR	9:15 p. N
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21201	A SOUTH OF S	13a. S		NJb COUN	PROTHER INSTITUTION, GIV TY Cany	13€. CIT'	e BEFORE ADMISS Y OR TOWN ternpo		136 INSIDE CI	ITY LIMITS?	13e. STRE	et address	x 1380	215	562	
E. MD.	PATH #		ATHER'S NAM		MIDDLE	****	LAST		F	ER'S MAIDE	1	MIDE	OLE	arricl	LAST	
WOR	ON O	16a V	VAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORA				ADDRESS			
BALTIMORE		Y	ES, NO, OR UNKN	IOWN) (IF YES, GIVE	WAR OR DATES)	214	-30-98	47	Mr	. Wil	liam	Marti	n Wes	stern	port M	d.
	3 ~ 3 _ 0	7	18 CAUSE	OF DEATH (Enter on	ly ane couse per line										APPROXIMAT BETWEEN ONSE	
W. PRESTON ST.,	N 24 HOUR N ITEM 1B. ALONG W SIT PERMIT. HYGIENE, DI	1	241	. /	E CAUSE (o)		ltiple	_	ries							
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201 V	EXAA IAL-			use lost.	(a)	AJ A COI	43EOOENCE	Or								
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "TO FUNERAL DIRECTOR," PAGE 38 HOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2	PART 2 OTNER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT REL	ATEO TO THE TERM	AINAL DISEASI	DR CONDITION	N GIVEN IN PAS	RT 1 (0).					
RECO	PENE FALL CREAT	MEDICAL CERTIFICATION	19a. DATE O	F OPERATION	19h CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFOR	MED?				1	20. AUTOPSY	12
ITAL	HE USE	IFIC.													YES XX	NO 🗆
) FV	WOO BE	CERT		IAL CAUSE WAS	21b. TIME OF		DAY YEA	21c. HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)		140
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	PAR SOR		220 I cer	tify that Hoak charg	e of the remains desc	ribed ob	ove, held an	Autop	y XX	Inspection	, 🔲 ,	Inquiry	, and	in my opinio	on	
	MAN PER		death resul	hed from Natur	of course	Agrident	_X, sı	irode 🔲	, Homic	ide	Undete	ermined manr	ner .			
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME TO DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Herbert Martin 19 85 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE 52ST BIRTHDAY 9:15 PRONOUNCED Male 976/1932 White 19 85 DEAD D. M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Westernport WIDOWED DIVORCED Garrett County 18 CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Supervisor Paper **Underwood Road Oakland SUAL RESIDENCE (IF IN NURS NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21201 COUNTY 13c. CITY OR TOWN 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21562 Maryland Allegany Westernport NO S MD. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST EIRST MIDDLE LAST FIRST Frederick Marton Miller Carrie In. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO AVES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 218-30-0121 Mr. William Martin Westernport Md. 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebrali Trauma TO MEDICAL EXAMINER. WITING THE WORD FRAUENCE EXAMINER ALD FREE AS THE CRETIFICATE, WRITING THE CHIEF MEDICAL EXAMINER ALD FAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PER FIRE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCHE BALLIMORE, MARYLAND, 24201 PRIOR TO BURIAL, CREMATION, OR REMOVED. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 💢 NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MANNTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH pilot in plane crash 8:00 PM 7-23 19 85 21e PLACE OF INJURY (AT HOME. 21F LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK off Underwood Rd., Oakland, Garrett Co., Md. woods Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Natural causes Hamicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant SIGNATURE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F Smyth. M.D. TYPE OR PRINT ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE Burial Miller Cemetery Westernport Allegany Md. 07/84 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Westernport. Md. 21562 (VR A15 ME (5))

STATE OF MARYLAND

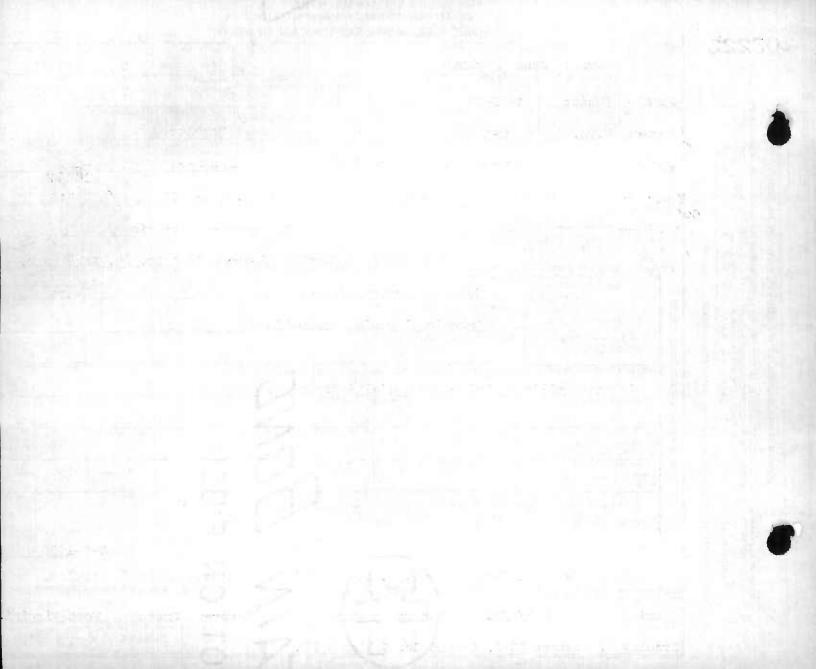
TORIVISOR. and the state of the state of mile . . de le mer The line of the contract of th Surial 7/20/85 - Filler Constony . Add was media decommendant

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (X) 26 HOUR MONTH LTYPE OR PRINTS DEATH MATED Eva Jane MOATS 7 1985 210AM 4 RACE 6 AGE (IN YEARS IF UNDER TYR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS. 20 DATE 2d HOUR PRONOUNCED 85 210A DEAD Female White 1 - 25 - 20b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH IN RIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Garrett Aurora, W.Va. 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Oakland Garrett Co. Mem. Hospital Housewi fe Home UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113 COUNTY 13c. CITY OR TOWN W. Va. Preston Eglon NO X P.O.Box 337 26716 1 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Grant Moats Guthrie Emma 17. INFORMANT 166 SOCIAL SECURITY NO. Md. LYES NO OR UNKNOWN) NO Carolyn Lipscomb 19 A St. Mt. Lake Park, 235-38-7509 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 11 (b) Arteriosclerosis, generalized gave rise to immediate EF MEDICAL EXAMIN SED AS A BURIAL - TRA : HEALTH AND MENTA AL, CREMATION, OR F cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Diabetes mellitus: Prior myocardial infarction. CATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF A OR: PAGE 3 SHOULD BE USED. HE STATE DEPARTMENT OF HEI, ND, 21201 PRIOR TO BURIAL, (19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO S 21n EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE Inspection K Inquiry X 22a 1 certify that 1 took charge of the remains described above, held an Autopsy and in my opinion Natural causes X death resulted from Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) TO MEDICAL EXECUTE THE CIPAGE 4 SHOULD TO FUNERAL DAFTER DEATH, NATION BALTIMORE, MA DATE SIGNED 7-6-1985 ACTUAL M.D. DEPUTY SIGNATURE MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Maryland EXAMINERS HAME James H. Feaster, Jr., M. D. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7/8/85 Aurora Cemetery West Virgini Aurora, Preston. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH Guka DasHolson (VR A15 ME (5)) Bradley A. Stewart 32 S. Second St. Oakland, Md.

20M 4/82

STATE OF MARYLAND



FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY Maryland

13a. STATE

Male

TO BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

Md.

Canditions, if any, which gave rise to immediate cause (a), stating

underlying cause

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive on_

226. SIGNATURE

Amos

LYES NO OR UNKNOWN)

Yes

Oakland

4 FATHER'S NAME FIRST

3 SEX

FIRST

Russell

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION. 136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

last

4 RACE

Garrett

MIDDLE

(IF YES GIVE WAR OR DATES)

II WW

IMMEDIATE CAUSE (a)____

DUE TO, OR

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

Whit

USA

76 CITIZEN OF W

11. NAME OF HO (IF NOT IN SUCH

Garrett

DEPARTA	STATE OF MARYL	MENTAL HYGIE	NE				
	CERTIFICATE OF I	DEATH	8 5 REG. 1	40.2. U	2 6	j of	
MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
Clarence	MOATS		July 9,	1985	1	410 P	M
	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 H	IRS VIN,
hite	November 10	1916	68	YRS.			
OF WHAT COUNTRY?	MARRIED NEVER	MARRIED 🖾	BALTIMORE CITY	OR COUNTY O	F DEATH		
ISA		VORCED	Garrett				MD.
OF HOSPITAL, NURSIN	G HOME OR OTHER INS		20 USUAL OCCUPATIVE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	F BUSINESS Minin	
TION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Oakland		ITY LIMITS?	3e.STREET ADDRESS Star Rt.		72	2155	0
Moats		s maiden nami First artha	WIDDIE		Moat		
S? 166 SOCIAL SECU 5) 220-10-2			ats, See		re		
per line far (0), (b), and	piraton	1 fair	lune		BETWEEN	on Th	ATH
O, OR AS A CONSEQUE	NCE OF	0			41	ars	

completely 1 and 2 sha corbonoapers. PRESTON 3 201 RECORDS, 0 a. DIVISION OF VITAL PHYSICIAN: for use as of Health a should be detached with the State Dept 0 BP

the buriol-transit per and Mental Hygiene sho 180 morked or MPORTANT

CERTIFICATION

MEDICAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

Man	quest ak	aun	ILLO ATTEN
Ma Kili	tu un		Tarker
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREM
burial	7/13/85	Aurora	Cemetery
24 FLINEDAL DIRECTOR			

220.1 certify that (1) the tangent of ottended the deceased from

AE OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

211 LOCATION

DEGREE

23d LOCATION CITY OF TOWN

and that in (my) pyrian death accurred in the date and have and from the causes stated

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN

YES

Preston, West Va Aurora,

DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED

COUNTY

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Bradley A. Stewart

Oakland, Maryland

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21550

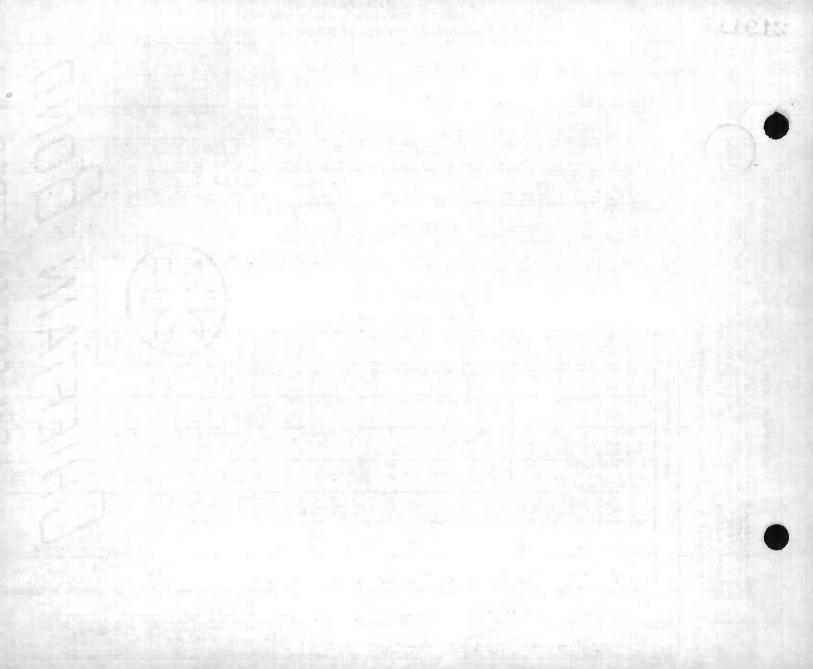
MEDICAL

STATE

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 219117 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWNX 7h HOUR (TYPE OR PRINT) ESTI-RAL DIRECTOR.
R YOUR FILES.
THIN 72 HOURS
RESTON STREET, 21,0 85 940P DEATH MATED Michele Stephane PALINEAU 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 21 10 85 940 DEAD Apr. 22, 1971 Male White 14 YRS TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Garrett DIVORCED WIDOWED . Canada Canada O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CIENOT IN SUCH FACILITY GIVE STREET ADDRESS FOR MOST OF WORKING LIFE! Student Ninth Grade Oakland (DOA) Garrett Co. Mem. Hospital 113e STREET ADDRESS 130. STATE 13h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Garrett Deer Park YES [] NO IX Route #4, Box 381 21550 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Jean Edmond Palineau Edna Ellen Sisler 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWNS LIE YES GIVE WAR OR DATES! No None Mr. Jean E. Palineau, See #13 above APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: Asphyxiation Minutes IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Accidental drowning Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION USED / 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBBALTIMORE, MARYLAND, 2120] PRIOR TO BURRAL, YES [] NO T 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY HOURXXXM. MONTH DAY YEAR 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Fishing in Deep Creek Lake and drowned. UNDERLYING TOR 7-21-85 CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED TIE PLACE OF INJURY JATHOME. 21f. LOCATION AT WORK NOT WHILE REREET 4 D智能でACCYを世代でLake Deer Parkown Marylan Garrett Inspection X Inquiry X 220 I certify thrus book charge of the remains described above hald an Autopsy and in my opinion Accident Homicide Undetermined monner death resulted from Notural couses TITLE (SPECIFY) DATE SIGNE7-21-1985 DEPUTY SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRES 07 S. 2nd. St., Oakland, Garr., Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7/24/85 Garrett Co. Mem. Gardens Oakland, Garrett, Maryland burial BP 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550

STATE OF MARYLAND



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DE

PARTMENT OF HEALTH AND MENTAL HY	GIENE					
CERTIFICATE OF DEATH	8	REG. N	vo. 2	0	2	U
LAST	20 DA1	E OF DEATH	MONTH	DAY	YEAR	2

	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY	YE AR	2h HOUR
(TYPE OR PRINT) Playfo	ord Ma	arshall	RAMS	EY	July 30, 19	85		9:00
3	SEX	4 RACE		S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		DER ! YEAR	IF UNDER 24 H
	Male	White	9	Jul	y 10 [°] , 190 [°]	76	YRS	HS DAYS	HOURS M
17/70		76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF	DEATH	
9	Maryland	USA		WIDOW		Garrett			
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12	L KIND O	F BUSINESS
2	Oakland				Hospital	Brakeman	JAKING LIFE) 1 [I	Rail:	road
9 13	SUAL RESIDENCE (IF NURSING DOME OR 18 STATE TO THE COUNTY OF THE COUNTY	1TY	136 CITY OR TOW Bay Cit	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 309 Curtis S		79	48706
	FATHER'S NAME		Day CIC	- 7	15 MOTHER'S MAIDEN NA		L.		±0700
	Cecil Zeddy Ra	amsey	LAST		Ethel		riend	LAS	T
6 16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRESS			
/	yes WWI:		A212-20-	8274	Ethel L. Rile	ey See 13	above	3	
	18 CAUSE OF DEATH (Enter on	ly one cause per	line for (a), (b), on	nd (c.)		11	1000	APPROXI	MATE INTERVA
NOT A CHARLES	PART 2. OTHER SIGNIFICANT C	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20	ON GIVEN IN	RE FINDIN	GS USED
3//	an contraction of court of ac-		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	ORPART 2)	
/ 3	(IF EITHER NOTIFY MEDICAL EXAMINER	177		19					
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STAT
	22a. I certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	Daniel	otter death.	,	DEGREE ATTENDING THYSICIAN			-	1
23	In BURIAL, CREMATION, REMOVAL	Jan.		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	8-2-85			Cemeterv	Oakland,		rett	Md.

Friend Cemetery

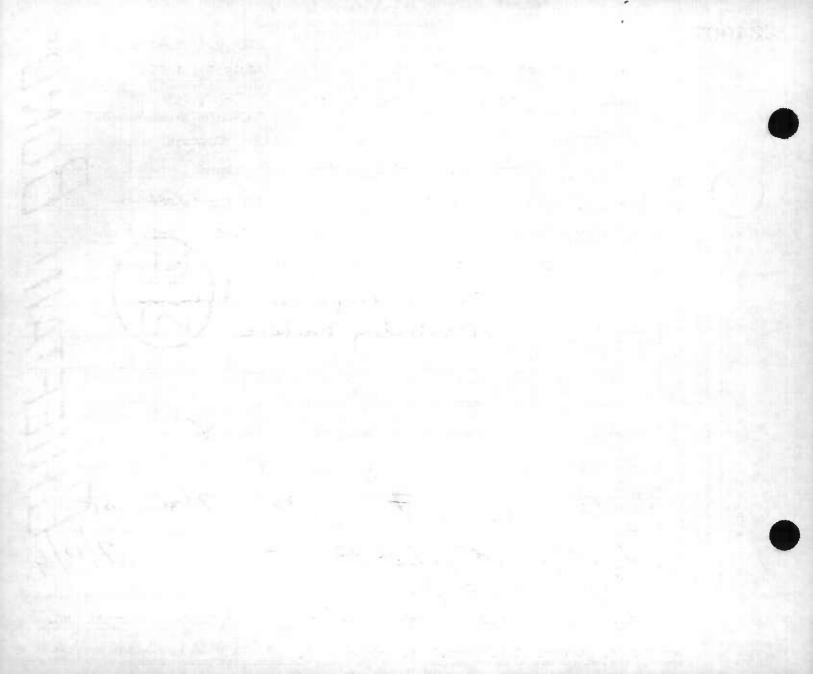
BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Bradley A. Stewart 32 S. Second St. Oakland, Md.

Oakland, Garrett Md. 25 PASE REC'D BY REGISTRAR 258 REGISTRAR'S SIGNATURE

relia Davidson-Randall



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	DTI	FICATE	AF	DEATH	3

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2		2	0	9	11	
-	REG. NO.	lun	U	lien	0	4

		STATE REGISTRAR				CERTIF	ICATE OF D	EATH	8	S REG.	NO. 2	0	2	0 1	1
		OR PRINTS	FIRST	٨	AIDDLE	ľ	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26. HO	UR
	(ames	Fra	nklin	ROD	EHEAVER		Ju	ly 12	, 198	5		104	6P M
	3 SEX	(4. RACE		5. DATE C			6. AGE	N YEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	IF UNDE	
	-	Male		Whit	:e		h 13, 1	916	6	9	YRS		DATS	HOURS	MIN,
9		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER M	ARRIED	9. BALTIA	AORE CITY	OR COUN	TYOFD	EATH		
Ĵ	William .	est Virgin	ia	USA		WIDOWE		ORCED	G	arret	t				MD.
f	III CI	TY OR TOWN OF DE	ATH		OSPITAL, NURSIN		R OTHER INST	ITUTION		ORK FOR MOS			b. KIND C	F BUSIN	IESS OR
2		Oakland	1		County .		ial Hos	pital	Cle	rk				ry S	store
1	III S	AL RESIDENCE IN NUR	136 COUL		GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e.STREE	T ADDRES	S / ZIP CO	DE	90	14	49
2		W.Va.	Pre	ston	Terra A	lta	YES 🗌	NO 😾	P.0	. Box	56		2	6764	-
1	FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	WE	MIDDLE			LAS	1	
2		John	Fra	nklin	Rodeheav	er	Je	ssie					Gri	mes	
H		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	VT .		ADD	RESS				
5		Yes	W	WII	236-12-	8917	Rev. R	ay Rode	eheav	er, B	ayard	. We	st V	irgi	nia
		18 CAUSE OF DEATH (Enter only one cause per line for in), (b), and ic PART I, DEATH WAS CAUSED BY:										ERVAL D DEATH			
		IMMEDIATE CAUSE (a)					tzi	ure					7	dry	5
Z		DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if any		(Ib)	Severe (hron	ic Obs	truct	ve t	u/m.	Dis	erse			
		cause Ial, stating the underlying cause last													
		(c)													
	z	PART 2 OTHER SIG	1	1.	NTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	VINAL DISE	ASE OR CO	NDITION	SIVEN IN	PART 1	a	
_	AT O	190 DATE OF OPERA		115 M	TION FOR WHICH	OPERATIO	N WAS DEDECT	PAAED	70a Al	JTOPSY?	20h IE V	/ES W/E	RE FINDI	MCC LICE	FD.
1	EC.	IN DATE OF OPERA		176 CONDI	HOW FOR WITHER	OFERATIO	WASTERIO	CWED			IN CER	TIFYING	CAUSES	OF DEA	ATH?
	CERTIFICATION	21g. ACCIDENT WAS UN	DERLYING [7 216 TIME O	FINJURY	1	21c HOW IN	URY OCCURE	YES L	40		YES	OR PART 21	NO [
1		AND													
	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION													
	A	WHILE NOT WHILE LAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE									STATE				
		270 certify that (1) (this hospital) attended the deceased from 1/12 19 85 to 7/12 19 85 that (1) (wettest													
		saw the deceas	ed alive ar	7/12	19	85 6	d that in (my)	our)-apınian ı	death occu	rred an the	date and h	aur and			
		77h SIGNATURE	did I did no	wiew the body	after death		DEGREE				-		22c. DATE		
		K.	1/2	Lehren				TENDING HYSICIAN	MEDICA		AFF ICIAN []		71	13	185
7	1	THE PHYSICIAN SHE	AME (tire)	Se PROPET)			22e. ADDRESS				\		1	1	
7		2/	1	/) (

DHMH - 16 60M 7/B4 (VRA 15, 4)

Bradley A. Stewart

burial

23b. DATE

7/15/85

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Oakland, Maryland

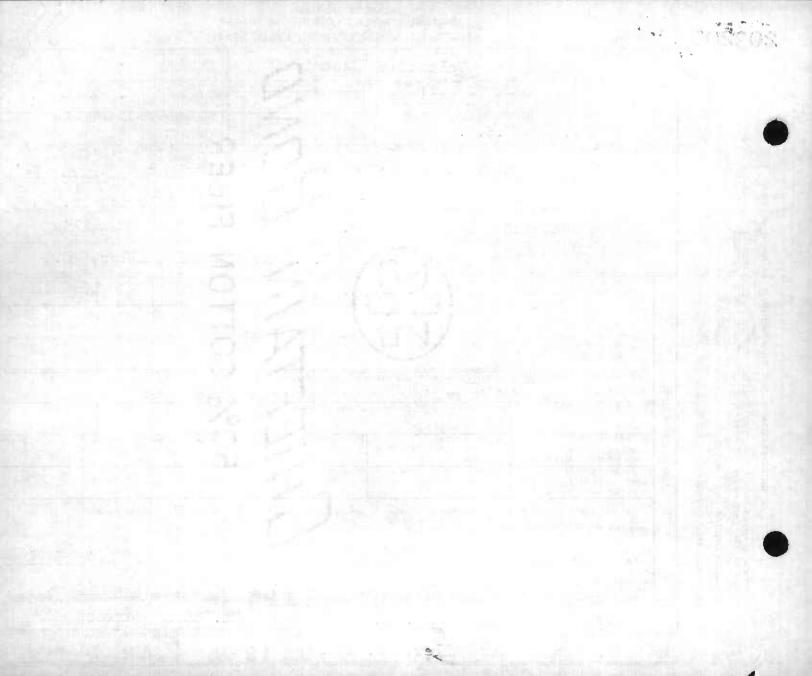
21550

23c. NAME OF CEMETERY OR CREMATORY

Bayard Cemetery

Bayard, Grant, West Virginia

23d. LOCATION



wraw Grantsville, MD

(VR A15 ME (5)) 20M 4/82

A wh

besilan , sieursin efemale

Service of the service of

qued distri-

ell Jerra Alta. West Va

19800€

- STATE

14. FUNERAL DIRECTOR

DHWH- 16:60W-2/84

EVER PS. 43.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

STATE

The state of the s and the same of th The medical law lairner of these to be the

20215	6 1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 REG. NO. 2	0211
nay be page 3 er death		ECEASED NAME FIRST MIL	dred Gladys	Whitehair	20. DATE OF DEATH MONTH 7-3-8	DAY YEAR 26 HOUR
ge 4 may ector. pag rs ofter de	3. S	Jemale	4. RACE White	5. DATE OF BIRTH 12-12-1901 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 83 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
A house	100	BIRTHPLACE (STATE OR FOREIGN COUNTRY and	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY Garrett	OF DEATH MC
other to	35 00	city or town of DEATH		ng home or other institution address all Hospital	120 USUAL OCCUPATION 1 PE OF WORK FOR MOST OF WORKING LIF	12b, KIND OF BUSINESS OR INDUSTRY
18	Us 130	UAL RESIDENCE (IF NURSING HOME CONSTATE	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13 CITY OR TOV CER		13e.STREET ADDRESS / ZIP CODE Box550	26292
	41	FATHER'S NAME Benjamine	MIDDLE Keller LAST	15. MOTHER'S MAIDEN N. Emmaline	MIDDLE	uman.
1 000 CO	3 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 233-56-6		tehair, Sr, Jerra	Box 46 Alta, W 26764
hat the death certificate by the attending physicis ase remove carbon paper j, cremotion, ar removal.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCY OF AS A CONSEQUENC	Onia JENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 clays
ne law requires this on. In has been signed to permit Then plea	CERTIFICATION)bstructive Pulmo	DEATH BUT NOT RELATED TO THE TER	2) End stage coror	o, were findings used tying causes of death?
HYSICIAN The nding physicic his certificate burial-transit demonstration of the new terms o	MEDICAL CER	OR COLUMN THEO CALIFFORD	CAIR	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
ATTENDING Paspital or offer to CTOR. After to dear use as the dear use to the to the total or	N T I I I I I I I I I I I I I I I I I I	220.1 certify that (I) (the bases saw the deceased alive a above, (I) (met) (did) (did-	putal) attended the deceased from.	7/1 , 19 8 85 , and that in (my) (eve) apinion	5_, to	
by the hore ERAL DIRE		22b. SIGNATURE	Munh	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/4/85
HOSPI pined b PUNER	2	Karl E.	Schwalm	Oakland	d. MD 2155	Ö

DHMH - 16 60M 7/84 (VRA 15, 4)

ohn K. Whitehair Jerra Alta, West Va

236 DATE

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery

134 LOCATION
Jerra Alta Preston, WV

250 DAYE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.

STATE

wilend crack a condition condition Description of the order of the state of the ulay, it is and the metery true the lineston, wind. Historia con the ent of sent which will be